



Arizona Early Intervention Program  
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# Individualized Family Service Plan (IFSP)

## IFSP Guidance Document



## **Table of Contents**

<b><u>Topic</u></b>	<b><u>Page</u></b>
Family-Centered Individualized Family Service Plan Team Process	3
General Considerations Across the IFSP	5
IFSP Cover Page	9
Child and Family Page	10
Initial Evaluation Planning Page	11
Hearing Screening Tracking Form	12
Vision Screening Checklist	13
Eligibility Outcome Page	14
Family Resources, Priorities, Concerns, and Interests Page	15
Natural Learning Opportunities in Everyday Family Activities, Settings, and Interactions Page	17
Health and Medical Status Page	18
Summary of Child's Present Levels of Development Pages	19
Functional Outcome for Child and Family Pages	21
Justification of Outcomes That Cannot Be Achieved In A Natural Environment Page	23
Transition Plan and Timeline Page	24
Supports/Services Needed To Make Progress Toward Outcomes Page	26
IFSP Team Pages	28

# THE ARIZONA EARLY INTERVENTION PROGRAM

***The mission of the Arizona Early Intervention Program is to enhance the capacity of families to support their infants and toddlers with delays or disabilities to thrive in their homes and communities.***

## Individualized Family Service Plan (IFSP) Team Process

### Philosophy

AzEIP partners with families to understand their unique resources, priorities, concerns, and interests related to their child's development and the activities and settings in which the child and family spend time. The Individualized Family Service Plan (IFSP) guides and documents this discovery process and ensures that the role of early intervention in the life of each family is specifically tailored to meet the priorities of each family. The IFSP process focuses on expanding the child's engagement, independence and success in typical daily activities and routines by building on family and child resources and identifying the necessary services and supports to attain identified outcomes.

The IFSP process begins at the time of referral, when the family first shares their story. The family's identified resources, priorities, concerns, interests and daily activities are woven together throughout the process.

Family identified outcomes guide the team in designing strategies to support the child's ability to function where the family learns, lives and plays. The team's shared knowledge and understanding of the family's outcomes, existing resources, and the child's strengths and interests form the basis for the discussion and determination of supports and services that will support the achievement of the identified outcomes.

### Family-Centered Practice

Family-centered early intervention places the whole family as the focal point for supports. Evaluation, assessment, planning, supports and services are based on the uniqueness of each family and its culture. Strategies for promoting a child's development and participation are integrated into the family's daily activities and routines and become the foundation for ongoing discussion and interaction with family members and other care providers.

Family-centered practice reflects a partnership between and among family members and professionals. The success of this partnership depends upon mutual trust and respect. Families must be given the opportunity to share insights into their child's successes and challenges, and guide the professionals in sharing their expertise in a manner that is meaningful and relevant to the family's life. Professionals must recognize and acknowledge that families are the experts on their child and explore with the family how and when the professional's expertise can support the priorities and interests of the family.

Family-centered practice is based on team decision-making. The family's resources, priorities, concerns, interests, and desired outcomes inform the team's discussion of appropriate supports and services that will assist the family within the context of its own values and priorities.

Family-centered practice is often misinterpreted to mean that families are the sole decision makers and direct the identification and provision of early intervention services. Families guide the direction and scope of the discussion related to their resources, priorities, concerns, and interests,

and, with the support of the team, identify their desired outcomes by describing what they expect as a result of early intervention. All other aspects of the IFSP process rely on team discussion and decision-making. And no single team member, including a parent, a Service Coordinator, or a provider, have unilateral decision-making authority. The identified supports and services reflect a consensus of the team's decision. The family does, however, have the right to decline any or all of the supports and services identified on the IFSP.

### **Interactive, Integrated Teams**

When a family enters early intervention, they form a partnership with professionals, who facilitate the initial planning process. Once the child is determined to be eligible, the IFSP team is formed. The parent(s) and the family's Service Coordinator (SC) are always members of the IFSP team. In addition, the IFSP team shall include (1) other family members, if requested by the parents, (2) professionals directly involved in evaluations and assessments, (3) an advocate or any person outside the family, if requested by the parents, and (4) professionals who will be providing services, as appropriate. The IFSP must be developed by a multidisciplinary team that has the capacity to incorporate information about (1) the family's priorities, resources, concerns, and interests; (2) the child's development and interests; and (3) the family's everyday activities, and how those activities influence and are influenced by the child's development. The result is the development of meaningful, functional child and family outcomes, and the identification of strategies and services necessary to support the caregiver(s) to facilitate attainment of the outcomes.

The role and level of participation of each team member must be clearly defined. Team members share and build upon each other's observations, information, and expertise. The professionals rely on their conversations with the family and care providers and observations of the child to come to an understanding of how to support the family. The family also uses their conversations with, and observations of, the professionals to form ideas.

All team members (professionals and family members) work together to develop the IFSP, reviewing what they have learned, to develop and prioritize outcomes. The team then uses this information to identify strategies, activities, and supports that will result in achievement of the outcomes. The family, based on their resources, priorities, concerns and interests, as well as information gathered throughout the initial planning process, determines the outcomes for their child and family. The IFSP team identifies the strategies, activities, supports and services that will be used to achieve the outcomes. The completed IFSP is a result of information-sharing and consensus-building.

Essential components of an effective IFSP team are commitment, collaboration, and communication. Collaboration is fostered through communication that is open, honest, respectful, and direct. Clear expectations and common understandings are necessary for all team members to work toward the same outcomes with families.

## **General Considerations across the IFSP Process**

### **What are the Federal Requirements of the IFSP?**

The federal regulations require that the IFSP contain the following components:

- Information about the child's present levels of development;
- A statement of the family's resources, priorities and concerns;
- The outcomes expected to be achieved for the child and family, including timelines;
- The services and resources necessary to meet the needs of the child to achieve those outcomes, including related or other services;
- The projected dates for initiation of services, anticipated duration of those services, the frequency, intensity, method, and location of those services, and sources of payment for those services;
- Identification of the natural environment in which services will be provided and justification if services are not to be provided in the natural environment;
- The name of the Service Coordinator;
- The steps taken to support the transition of the child from early intervention services by age 3; and
- Signature of the parents.

### **How is information about resources, priorities, concerns and interests of the family gathered?**

- As part of the family assessment, we gather information at the time of referral, and throughout a child's involvement in the early intervention program. The relationship between the team and the family over time is key to gathering valuable information.
- During conversations with families, such as in a discussion of the family's daily routines and activities, we can discover who in their circle of family and friends, provides them with support. This includes informal supports, such as family, friends, church, and community; and formal supports, such as federal, state, or city support systems. Resources can also include one's capabilities, experience, background, qualifications, inventiveness, ingenuity, adaptability, and knowledge.
- Concerns are often discussed in subtle ways and require that the professional be a good listener and a good interviewer. This information can be gathered during the evaluation and assessment process as well as in conversations about what is happening in the family's everyday activities.
- Eliciting the interests of a family requires a conversation about activities that they enjoy and may or may not be able to engage in on a regular basis. This conversation can lead to the discovery of ways in which the family's interests and priorities, and desired child outcomes can be addressed within their everyday learning opportunities.
- The professionals who facilitate the initial planning process and the development of the Individualized Family Service Plan (IFSP) are responsible for explaining to the parent(s) or caregiver(s), the steps in the process, potential participants, and the purpose of gathering this specific information.

### **What if a family does not want to share information related to their priorities, resources, concerns and interests?**

- A family may choose not to share this information. The Service Coordinator should document on the Family Resources, Priorities, Concerns and Interests page of the IFSP that the family does not wish to share this information.

### **What are Service Coordination functions related to the development and implementation of the IFSP?**

Service coordination is an important component of the Arizona Early Intervention Program (AzEIP). It is identified in Part C of the Individuals with Disabilities Education Improvement Act (IDEA 2004) as one of the four major functions in a state-wide system that must be carried out at public expense. The Service Coordinator plays an integral role on the team that supports families and children. As identified in IDEA 2004, Part C, CFR § 303.23, service coordination is an active, ongoing process that involves each of the following:

- continuously seeking the appropriate services and situations to benefit the development of each child;
- coordinating the process of evaluations and assessments to determine initial and on-going eligibility;
- participating in the development of the initial IFSP;
- assisting parents to gain access to the early intervention services and other services listed on the IFSP;
- facilitating 6-month reviews and annual evaluations of Individualized Family Service Plans and transition plans;
- assisting families to identify available agency and community supports and services;
- coordinating and monitoring the timely delivery of services identified on the IFSP;
- informing families of the availability of advocacy services;
- coordinating with community resources, medical, and health providers;
- and facilitating the development of a transition plan for preschool services, if appropriate.

See Technical Assistance Bulletin (TAB) # 2 for more information regarding Service Coordination.

### **When should changes be made to the IFSP?**

- As the family's resources, priorities, concerns and interests change.
- An outcome has been achieved or a team member requests a review of existing outcomes.
- As frequency, intensity, or duration of a service changes, or ends.
- A formal review of the IFSP must be conducted every six months.

### **How are those changes documented?**

- The Service Coordinator will ensure that the parents receive prior written notice indicating the purpose of the change and the action being proposed. A separate Notice of Action form is required when the parents do not agree with the IFSP as written. When the parent agrees, their signature on the signature page indicates prior written notice.
- Any changes or additions to the IFSP must include the date of the revision on the Team Page of the IFSP as well as the corresponding IFSP Page where the change was made.

- The Team Page, inclusion of the parents' initials will reflect the parents' consent and prior written notice to these changes. *Remember*, the Service Coordinator must review the proposed changes to the IFSP and have the parents check whether they agree or disagree with the IFSP as written. Parents must indicate their agreement to changes made during the 6 month review and any additional reviews on the Team Page of the IFSP.
- The Service Coordinator is responsible for keeping this information current and sharing all updates with the other IFSP team members.

### **What are Procedural Safeguards and when are they explained and provided to families?**

Chapter 7 of the AzEIP Policy and Procedures Manual outlines the purpose of the procedural safeguards:

Procedural safeguards represent one of the most important protections for children and families within the early intervention system. Federal regulations recognize that families need to be involved personally every step of the way. Providing families with their procedural safeguards and family rights helps ensure that families are involved in the decision-making process regarding services for their child. Rather than being a stand-alone activity, procedural safeguards are best offered to families within the process of participation.

For example:

1. Discuss the early intervention system with families at the initial visit.
2. Explain the difference between evaluation and assessment; involve families in planning the evaluation to determine eligibility; and obtain the parent's consent prior to evaluation.
3. Regularly discuss the parents' rights to review their child's record and explain how to request changes to the record.
4. Obtain family participation and written consent to implement the services and activities identified in the IFSP.

**See Chapter 7 for a full outline of the procedural safeguards.**

### **Is prior written notice the same as the written notice required before an IFSP meeting?**

No. The written notice required before an IFSP meeting is a separate federal requirement. It requires the Service Coordinator to send parents and other participants written notification of the arrangements for the IFSP meeting, providing enough time to ensure that they can participate and invite others that they would like to attend (such as family members, babysitter, friend). Because scheduling for an IFSP meeting varies and can occur on short notice, what is "enough time" is not a defined time.

Prior Written Notice must be provided to families before certain actions are taken that the team has agreed upon. More information about prior written notice is available in TAB #1 on the AzEIP website.

### **When does a family have to give consent?**

The Service Coordinator is responsible for ensuring that the parent is fully informed of and has voluntarily approved the early intervention activities in which the child will participate. Consent is to be obtained in the following circumstances and manner:

- A. Before conducting the initial evaluation and assessment with a parent and child, the parent must sign the "Prior Written Notice/Consent for Evaluation" form. The information on the form must be explained to the parent in his/her native language or other mode of communication (e.g., sign language).

B. Before early intervention supports and services may begin, consent must be obtained by the parent. The Service Coordinator must explain the family's rights and obtain written consent on the signature page of the Individualized Family Service Plan. The Service Coordinator has the responsibility to ensure that the consent is translated, if necessary, and/or another mode of communication is provided so that the parent understands the consent being given.

### **How is confidential information about the family protected?**

AzEIP service providing agencies and their contractors must ensure that procedures protect the confidential, personally identifiable information collected, used, or maintained, concerning children enrolled in AzEIP and their families. AzEIP's policy for protecting the privacy of children and families is aligned with the Family Educational Rights and Privacy Act (FERPA), as required under IDEA, 34 C.F.R. §303.460, which incorporates by reference, that Act. The Service Coordinator must obtain informed, written consent from the parent before personally identifiable information may be disclosed. See Chapter 7(of AzEIP's Policy and Procedural Manual on Records), *Procedural Safeguards* for specific policies and procedures.

### **How do the new child indicators relate to the IFSP?**

Measuring the child indicators is a new federal requirement for all early intervention programs and measure a child's progress:

- Positive social-emotional skills (including social relationships)
- Acquisition and use knowledge and skills (including communication skills)
- Use of appropriate action to meet their needs

They relate to the IFSP in that the IFSP team, which includes the service coordinator, providers, the family and other caregivers, together gather information to complete the Child Indicator Summary Forms. This may be done at or around the time of the IFSP meeting.

### **Do IFSPs need to include outcomes related to the child indicators?**

No. IFSP outcomes should reflect what is most important for the family and child within the context of typical routines and activities. However, teams may find the information discussed when addressing the ratings helpful in prioritizing functional outcomes for the child.



## IFSP COVER PAGE

### **The purpose of this page:**

- To transform the Initial Planning Process packet into an IFSP after a child has been determined eligible for AzEIP.
- To provide a cover page for protecting from immediate view, the confidential child and family information found on the Child and Family page.

### **The process for completing this page:**

1. This is the cover page for the child and family's IFSP. For children entering early intervention, this page is completed and added to the Initial Planning Process documents after the child has been found to be AzEIP eligible.
2. Record the child's first and last name.
3. Record the date the IFSP was signed by the parent.
4. This page can be personalized by the family with photos, drawings, etc.

# ARIZONA EARLY INTERVENTION PROGRAM

## CHILD AND FAMILY PAGE

### The purpose of this page:

- To record important demographic information about the child and family for the entire team.
- To document information required for data collection purposes.

### The process for completing this page:

- Complete this page through conversation with the family.
- Gather all the information necessary to complete this page; however, not all of the information is applicable to all families. For example, not all children have a surrogate parent.
- This page should be reviewed and updated for accuracy and completeness at least every six months and at each Annual IFSP,
- Identification Information:
  - Child's Name – Record child's legal name
  - Language of the home – Record primary language of the family and indicate whether an interpreter is needed
  - Child's Ethnicity – Ask parents to identify child's ethnicity
  - Major Cross Streets – Record cross streets near child's home or driving directions to the child's home
  - Child resides with – Record primary caregiver name and relationship. (For information about when a surrogate parent is needed, please refer to Chapter 7, *Procedural Safeguards*, of AzEIP's Policy and Procedure Manual.)
  - Surrogate parents – Record name, address, and phone number of surrogate parent, if it is determined that one is needed.
  - IPP Team Lead/Service Coordinator – Record names, agency, and phone numbers
  - Dates – Record by month/day/year referral date, eligibility date, initial IFSP date, 6 month, and annual IFSP dates (date IFSP is signed by parent), as well as any other review dates.
- While the above information is important for the family and the IFSP team, circumstances may exist when a parent or foster parent asks that certain information (such as name/address/telephone number) not be included on this document for safety or other reasons. Under these circumstances, please write that fact in the space where the information would have been provided and record elsewhere in the child's file.

**Related Legal Requirements: Individuals with Disabilities Education Improvement Act (IDEA), Part C**

**34 CFR §303.344(g) Content of an IFSP, Service Coordinator**

**The IFSP must include the name of the Service Coordinator from the profession most immediately relevant to the child's or family's needs (or who is otherwise qualified to carry out all applicable responsibilities under this part), who will be responsible for the implementation of the IFSP and coordination with other agencies and persons.**

## **INITIAL EVALUATION PLANNING PAGE**

### **Initial IFSP Only**

#### **The purpose of this page:**

- To gather and record important information from the family for the initial evaluation of the child and to help design an evaluation that covers all areas of development and addresses the family's priorities and interests.
- This page is only used when the team is determining initial eligibility for AzEIP.

#### **The process for completing this page:**

- Complete this page only for the initial evaluation of a child.
- Complete this page through conversation with the family. Record descriptions and information from the family and other caregivers and ask general questions, if necessary, to gather additional detail or to explore specific developmental areas.
- By asking about the topics on this page, the family will actively participate in the evaluation process and know that the information they share is an important part of the process. The team learns of potential family priorities and concerns. Through conversation about what the child does well and what is challenging, the team learns of the child's strengths, interests, and areas of challenge.

# Hearing Screening Tracking Form

## THE PURPOSE OF THIS PAGE:

- To document results of Newborn Hearing Screening and any follow-up hearing screening the child has throughout enrollment in early intervention.
- To keep current with the child's hearing status and identify possible need for further hearing testing.

## THE PROCESS FOR COMPLETING THIS PAGE:

- Complete demographic information based upon interview with the family:
  - Child's name and date of birth
  - Mother's full maiden name and date of birth
  - Birthing hospital
  - Child's birth order
- Review Medical History/Records:
  - Determine if hearing loss has been previously diagnosed
  - Review results of newborn hearing screening, which can be found on the back of the child's immunization record booklet, or in discharge summary from hospital. Every child born in Arizona will have newborn hearing screening. All babies who refer on the newborn hearing screening should have a follow-up screen.
  - Review results of any follow-up outpatient screen found in medical records. All babies who refer on the follow-up outpatient screen should have an Auditory Brainstem Response (ABR) test or behavioral testing (audiogram).
- Check risk factors present for hearing loss, gathered through interview with the family and review of medical records.
- Review guidelines for AzEIP hearing screening to determine need for additional screening through AzEIP.
  - If further screening is done, record results on bottom of Hearing Screen Tracking Form.
- If AzEIP screening determines a need for follow-up with medical provider (pediatrician, ENT or pediatric audiologist) use the Hearing Screening Referral Form found on the AzEIP website with the Hearing Screen Tracking Form. With parent consent, attach both forms together and send to medical provider.
- Once the IFSP is finalized, the Service Coordinator is to date any changes made to the Hearing Screening Tracking Form.
- The hearing screening tracking form should be updated at least annually and more frequently if needed.

### **Related Legal Requirements: IDEA, Part C**

34 CFR §303.322 Evaluation and assessment

... (c) Evaluation and assessment of the child. The evaluation and assessment of each must—  
Include the following:

... (ii) An evaluation of the child's level of functioning in each of the following developmental areas:

...(B) Physical development, including vision and hearing

# Vision Screening Checklist

## THE PURPOSE OF THIS PAGE:

- To record the child's vision status at the time of the first evaluation and assessment, and for each year the child is in early intervention services.
- To provide information for the family to share with their family health care provider if a concern is noted.

## THE PROCESS FOR COMPLETING THIS PAGE:

- Complete all of the fields on the form. If the field does not pertain to the child, indicate with a long dash or write n/a.
- If the child has a medically identified vision condition, indicate it in the eye doctor section and still complete the screening.
- Share with the family the three sentences located below the demographic box explaining the purpose of the screening:
  - *If your child has not seen an eye doctor yet, completing this screening will give you an indication of possible concerns or signs to watch for. If your child has already seen an eye doctor, completing this screening will tell more about how your child uses vision. THERE IS NO SCREENING THAT WILL SUBSTITUTE FOR AN EYE EXAM BY A PEDIATRIC EYE DOCTOR.*
- Share with the family the purpose of the RISK FACTORS FOR VISION LOSS checklist using the sentence located below the title of that section:
  - *These are family and medical history details that have a high incidence of vision loss in infants and toddlers*
- Through discussion with the family and a review of medical records, complete the **RISK FACTORS FOR VISION LOSS** section with the information the family is willing to share.
- Share with the family the purpose of the BEHAVIORAL SIGNS THAT MIGHT INDICATE VISION LOSS checklist using the sentence located below the title of that section:
  - *These are known ways that young children behave when they are experiencing some difficulty using their vision.*
- Through discussion with the family, complete the **BEHAVIORAL SIGNS THAT MIGHT INDICATE VISION LOSS** section. Keep in mind that you are looking for consistent visual behaviors that occur when the child uses vision in their daily routines. For example, a child who cannot see any dropped toy even though he might look for it or perhaps can only see it if it is large and bright would be checked. A child who does not see a dropped toy because his attention was immediately directed elsewhere (i.e., he forgot about the toy) would not be checked. Families are good informants for the checklist if they understand that you are looking for visual behaviors and not motor or cognitive behaviors. Help the family with this distinction by exploring further the circumstances in which the behaviors were observed.
- If indicators are checked, share with the family the **Notes**: at the bottom of the appropriate section(s).
  - *If your child has identified **RISK FACTORS**, ask your health care provider how the risk factors might affect your child's vision. If your child has identified **BEHAVIORAL SIGNS**, send a copy of the completed checklist to your child's health care provider and ask to discuss referring your child to a pediatric eye doctor.*
- Fill in the appropriate check box at the end of the screening. Make arrangements for a copy if indicated.
- Share with the family the sentences at the bottom of the screening form: *A checklist screening is a general indicator. Not every child with a screening checkmark will have a vision problem. Some children without a checkmark will still have a vision problem that was not consistent enough to show up when the checklist was completed. If your child begins to show signs of poor vision use or if there is a significant change in vision, contact your child's health care provider.*
- The IFSP Team member completing the screening with the family signs at the bottom of the form.

**Related Legal Requirements: IDEA, Part C**  
34 CFR §303.322 Evaluation and assessment  
... (c) Evaluation and assessment of the child. The evaluation and assessment of each must –  
Include the following:  
... (ii) An evaluation of the child's level of functioning in each of the following developmental areas:  
...(B) Physical development, including vision and hearing

## Eligibility Outcome Page

### Initial IFSP Only

#### The purpose of this page:

- To document information related to referral, evaluation, and eligibility, as required under Part C.
- To record information required for data collection when determining initial eligibility for AzEIP. If your program has developed a form that includes all the requirements on this IFSP page and collects other required data components, you may use that form and incorporate it into the IFSP. Your form must contain all of the elements contained on the Eligibility Outcome Page for the 07 IFSP form.

#### The process for completing this page:

- This page is completed to document determination of eligibility for AzEIP.
- If this not an initial IFSP, this page need not be completed.
- Date of Referral – enter month/day/year initial referral to the AzEIP system was received.
- Referral Source Type – enter who made the referral by type, not name of person (physician, parent, hospital, etc.).
- Parent Concerns/Reason for Referral – list primary concerns and reason(s) for referral.
- Decision Date – enter month/day/year on which child's eligibility for AzEIP was determined.
- Eligible/Not Eligible for AzEIP– check appropriate box.
- If eligible – check all that apply or list evidence to support decision based on informed clinical opinion. All eligibility determinations include informed clinical opinion. However, when there is less than a 50% delay, no established condition, and the team is recommending AzEIP eligibility, documentation of informed clinical opinion and the reason for eligibility must be provided. Include sources of information used.
- List multi-disciplinary team members.
- List others who provided information for eligibility determination. Include medical records, evaluations, and caregiver reports.
- Service coordination Primary Agency, (pick one) AzEIP, DDD, ADHS (as applicable), or ASDB.
- Check other agencies for which the child is eligible. There may be more than one. List the date authorized agency representative determined eligibility.
- If not eligible, list which community resources were provided to the family, including referral to the school district.

#### **Related Legal Requirements: IDEA, Part C**

#### **34 CFR §303.322 Evaluation and assessment**

#### **(c) The evaluation and assessment of each child must**

**(1) Be conducted by personnel trained to utilize appropriate methods and procedures;**

**(2) Be based on informed clinical opinion;**

**(3) Include the following:**

**(i) A review of pertinent records related to the child's current health status and medical history,**

**(ii) An evaluation of the child's level of function in each of the following developmental areas: (A) cognitive development (B) Physical development, including vision and hearing, (C) Communication development. (D) Social or emotional development. (E) Adaptive development.**

**(iii) An assessment of the unique needs of the child in terms of each of the developmental areas in paragraph (c)(3)(ii) of this section, including the identification of service appropriate to meet those needs.**

## FAMILY RESOURCES, PRIORITIES, CONCERNS, AND INTERESTS PAGE

### The purpose of this page:

- To discuss what is important to the family and what resources and supports exist in the family's life.
- To develop a better sense of what the family is interested in to support their child's development and participation in family and community life.
- To document family assessment as required under IDEA, Part C.
- To identify areas in which the Service Coordinator and/or other team members, can link or refer the family for assistance.

### The process for completing this page:

- Explain to the family that this assessment of their resources, priorities, concerns and interests is voluntary. If the family does not wish to share information, note such on the page.
- Through conversation with the family, gather and document discussions regarding the concerns the family has, related to their child's development and participation in everyday life; what they would like most for their child and family; what their priorities are related to their child and family; and the family's informal and formal support systems.
- Explain to the family that the purpose of this section is to identify areas in which the Service Coordinator and/or other team members can link or refer the family for assistance. Examples of resources for the family include: child care, insurance (such as AHCCCS, and/or ALTCS), Raising Special Kids, WIC, information sources on child development, housing, food stamps, and domestic violence shelters.

### REMEMBER:

- The discussion and documentation of family resources, priorities, concerns, and interests is ongoing, and will begin with initial contacts with the family. It will likely become more detailed as the family's relationship with the other IFSP team members develops over time. Their **resources** may be their skills and supports, and/or may be other family members, friends, and community. Their **priorities** are those things that are most important to them. Their **concerns** could be their worries and what they want help with.
- Clear documentation of the **Family Resources, Priorities, Concerns and Interests** will result in an IFSP that is more meaningful and useful to the family and other team members. Research has shown that when the family does not implement planned activities, it is often because the activities do not fit with the routines or are not important to them. (Bernheimer & Keogh 1995, Bruder & Dunst 1999)

***Related Legal Requirements: IDEA, Part C***

***34 CFR §303.322 Evaluation and assessment, (b) Definitions of evaluation and assessment***

***...(2) Assessment means the ongoing procedures used by appropriate qualified personnel throughout the period of a child's eligibility to identify***  
***(ii).The resources, priorities and concerns of the family and the supports and services necessary to enhance the family's capacity to meet the developmental needs of their infant or toddler with a disability.***

***34CFR §303.322 Evaluation and assessment, (d) Family Assessment***

***(1) Family assessment must be family-directed and designed to determine the resources, priorities and concerns of the family and the identification of the supports and services necessary to enhance the family's capacity to meet the developmental needs of the child.***

***(2) Any assessment that is conducted must be voluntary on the part of the family.***

***(3) If an assessment of the family is carried out, the assessment must—***

- (i) Be conducted by personnel trained to utilize appropriate methods and procedures;***
- (ii) Be based on information provided by the family through a personal interview; and***
- (iii) Incorporate the family's description of its resources, priorities and concerns related to enhancing the child's development.***

***34 CFR §303.344 Content of the IFSP (b) Family information.***

***With the concurrence of the family, the IFSP must include a statement of the family's resources, priorities and concerns related to enhancing the development of the child.***



## NATURAL LEARNING OPPORTUNITIES PAGE

### EVERYDAY FAMILY ACTIVITIES, SETTINGS, AND INTERACTIONS

#### The purpose of this page:

- This page, along with the Family Resources page, reflects our commitment to the principles that child development is an integrated process, and that development occurs in the context of relationships with families, caregivers and everyday routines.

#### The process for completing this page:

- Ask the family about what happens throughout the day and how their child interacts with the family and others during these everyday activities. Areas that the family might share are: outings to the park, grocery store or for ice cream; routines in their daily schedule (such as bath and mealtimes); activities and toys that their child really enjoys (e.g., music or blowing bubbles with pipe cleaners); and interactions with people throughout the day (loves to play with big brother, has a favorite teacher at child care, spends weekends with grandpa). It is important to get a sense of what routines, activities, and environments are enjoyable and/or challenging for the child and family to assist the IFSP team in identifying current and potential options to provide support within the context of the child's natural environment.
- Some questions that may help the conversation are:
  - Who are the family members and favorite people that your child spends time with? When at home, your child spends time with whom? What do they enjoy doing?
  - When visiting relatives or close friends your child spends time with whom? What do they enjoy doing? How often (daily/weekly/monthly/other) do they spend time together?
  - In the neighborhood or community, your child spends time with whom? What do they enjoy doing? How often do they spend time together?
  - At child care or preschool, your child spends time with whom? What do they enjoy doing? How many days per week and hours per day does your child attend child care/preschool?
- The answers to these questions will assist the team to identify people, activity settings, and naturally learning opportunities for early intervention support and services.
- Use the routines, activities, and interactions recorded on this page to guide the development of outcomes and strategies or activities to support the family in achieving the outcomes (including ideas, people, and environments, etc.).

#### **REMEMBER:**

- Daily routines are only one piece of information needed to adequately assist families in supporting their children. Family rituals, celebrations, activities, and events that are important to the family are also possible areas for supporting families.
- Focus on the family's interests and priorities to support and promote positive outcomes.

**Related Legal Requirements: IDEA, Part C**

**34 CFR §303.12 Early Intervention Services, (b) Natural environments**

**To the maximum extent appropriate to the needs of the child, early intervention services must be provided in natural environments, including the home and community settings in which children without disabilities participate.**

## HEALTH AND MEDICAL STATUS PAGE

### The purpose of this page:

- To document the child's health and medical history and present status for use by the team in evaluation and assessment and to share with team members so the family can avoid retelling the information.
- Medical health and history is an important factor in growth and development and may impact the family and child's ability to interact and engage in everyday routines and in the community.

### The process for completing this page:

- Complete this page through conversation using descriptions written in behavioral, functional, or diagnostic terms that are easily understood by the family and care providers. Medical records may be helpful references. Follow the family's lead as this conversation takes place.
- Update health information at each IFSP review, or as health status changes.
- Include information on health insurance and the Primary Care Provider. Make changes to insurance information as needed.

#### ***Related Legal Requirements: IDEA, Part C***

***34 CFR § 303.322 Evaluation and assessment, (c) Evaluation and assessment of the child.***

***The evaluation and assessment of each child must—***

***...(3) Include the following:***

***(i) A review of pertinent records related to the child's current health status and medical history.***

#### ***34 CFR § 303.527 Payor of last resort***

***(a) ...Therefore funds under this part may be used only for early intervention services that an eligible child needs but is not currently entitled to under any other Federal, State, local, or private source.***

## SUMMARY OF CHILD'S PRESENT LEVELS OF DEVELOPMENT PAGES

### **The purpose of this page:**

- To describe the child's functioning and ability to: (1) engage in and participate in social relationships; (2) acquire and use knowledge and skills; and (3) be independent within the routines and activities important to his/her family. Within these broad areas, the required components of development emerge as a description of the child's strengths and challenges within the family's daily routines.
- To record statements and information that focus on what the child is doing and how the child is participating in family activities and routines within the family and community, rather than what he or she is not doing.

### **The process for completing this page:**

#### **Required Components:**

- **Cognitive** (understanding & problem solving)
- **Communication** (speaking & understanding)
- **Motor** (using hands and body)
- **Physical – vision, hearing, and health status**
- **Adaptive/Self-Help** (eating, ability to comfort/calm, dressing)
- **Social Emotional** (interacting with others, adjusting to changes, playing)

#### **Sources of Information:**

- Conversations with family members, care-givers, team members
- Observations of the child
- Evaluation and assessment information
- Medical reports & records
- Description of Everyday Family Activities, Settings, & Interactions

### **Suggested Writing Guidelines:**

- **Some information is addressed only in the initial summary of present levels of development written after the initial eligibility determination has been made, including:**
  - Child's original referral information
  - Child's birth, developmental, and medical history
- **Initial, and annual summaries of a child's present levels of development must include:**
  - Any current medical concerns, vision and hearing screening and/or observations (vision and hearing screenings must be included annually. If no other vision test has been completed, use ASDB's vision checklist. For annual hearing screening, support the family to seek a hearing screening with their primary care provider or other audiological specialist). If the child has a vision or hearing impairment, describe how this impacts the child's development in everyday routines and activities.
  - Family composition, other people important to the child, and time s/he spends with them

## SUMMARY OF CHILD'S PRESENT LEVELS OF DEVELOPMENT PAGES, cont.

- Family's current priorities, concerns, and interests with regard to their child's development
- Assessment procedures – who spent time with the child, what were they assessing, any tools used, the child's participation/reaction
- Describe the child's ability to engage and participate in social relationships.
  - Depending upon the child's age, this may be visual and auditory responses to others and/or the environment.
  - Adaptive responses to situations and activities – interests, motivations, attention to others, attention-seeking behaviors.
  - Play behaviors with adults and other children.
- Describe the child's ability to be independent within the family's daily routines.
  - What is the child's role within the family's sleeping, eating, grooming and free time routines and activities?
  - What developmental skills support/hinder the child's participation?
- Describe the child's ability to learn and use new skills.
  - What does the child like to do? What seems to be of most interest to the child?
  - How does the child react when s/he must do things s/he does not want to do?
  - How does the parent/caregiver teach the child a new skill? What new skills is s/he learning?
  - How does the child communicate his needs and desires?
  - Does the child seem to understand gestures and verbal directions?
- **6 month reviews of the child's present levels of development must include:**
  - Any changes in the above areas of the initial or annual summary (i.e., child's g-tube was removed and the family is now focusing on getting the child to take a bottle; the family has a new baby and would like to focus on helping their child move more independently around the house; since the child started attending child care, he has started putting two words together; the child had an appointment with an Ophthalmologist and now she needs to wear glasses)

**REMEMBER:** At annual update (one year from initial IFSP), a new IFSP form must be completed. Each form is updated for one year.

**Related Legal Requirements: IDEA, Part C**

**34 CFR §303.344 Content of an IFSP, (a) Information about the child's status.**

**(1) The IFSP must include a statement of the child's present levels of physical development (including vision, hearing, and health status), cognitive development, communication development, social or emotional development, and adaptive development.**

**(2) The statement in paragraph (a)(1) of this section must be based on professionally acceptable objective criteria.**

**Note: Because the needs of infants and toddlers change so rapidly during the course of the year, certain evaluation procedures may need to be repeated before conducting the periodic reviews and annual evaluation meetings in paragraphs (b) and (c) of this section.**

## FUNCTIONAL OUTCOME FOR CHILD AND FAMILY PAGES

### **The purpose of this page:**

- To document the information from the family's priorities, which has been confirmed as a focus area for the family during the evaluation and/or assessment activities. This information should be functional, meaningful, and should support the child's active participation in the family's routines and activities.

### **The process for completing this page:**

#### **What does your family want to see happen?**

- Team reviews information gathered through discussions with the family during the IFSP process related to priorities, concerns and interests (review the following pages: Natural Learning Opportunities - Everyday Family Activities, Settings, and Interactions; Family Resources, Priorities, Concerns, and Interests; and the Summary of Child's Present Levels of Development).
- Based on review of this information, the team assists the family in identifying potential outcomes.
- Team Lead or Service Coordinator encourages family to prioritize their outcomes. "When you think about your priorities, concerns and interests, what would you like the team to focus on with your family?"
- Using the list of prioritized outcomes, the team, which includes the family, writes the outcomes to ensure that all team members have a clear understanding of what the family wants to see happen.
- Every team member is responsible for participating in this process.

#### **What is happening now, related to this outcome?**

- Discuss with the family what is currently happening, what they have tried, and what has been helpful. If needed, assist the family in reframing the information to illustrate the child's and family's strengths within the activity. This will help the team build upon what is currently working in order to achieve the outcome.

#### **What strategies will we work together on towards this outcome? (Include activities, settings and people)**

- The activity settings for the strategies must be natural environments. Federal statute requires early intervention services to be provided in natural environments and can only be provided in other settings when outcomes cannot be achieved satisfactorily in natural environments.
- Natural environments are more than just the home and are often determined by the outcomes and the everyday routines and activities of the family. Natural activity settings/environments may include: park, grocery store, home or community swimming pool, child care center, the library, even an empty parking lot (if the family's outcome is for their child to learn to ride a bike and this is the location where the team can support the child and family best).

- Keeping in mind what the family has tried that has worked and not worked, identify strategies, including activity setting, ideas, and people to support the attainment of the outcomes. The team should capitalize on strategies the family currently uses to support the achievement of the outcome.

### How will we know we've made progress?

- Ask the family what they hope to see when the outcome is achieved; that is, what will be different about the child's or family's functioning and participation. This statement must be a functional measure of progress and be based upon what the team reasonably expects the child or family to achieve within the next six months or less.
- Given that all outcomes must be reviewed every six months, if not earlier, there is no need to put a specific date for when progress will be made. Instead, describing how the family knows there has been progress will provide documentation of this timeline.

### Outcome Status

- The Service Coordinator along with the IFSP team reviews the status of the outcomes at least every 6 months, and more frequently as needed.
- The Service Coordinator documents the status of the review with the date(s) on the outcome page and by marking the appropriate box: outcome has been developed, completed, revised or discontinued.

#### Related Legal Requirements: IDEA, Part C

##### **§303.12 Early Intervention Services (b) Natural environments.**

*To the maximum extent appropriate to the needs of the child, early intervention services must be provided in natural environments, including the home and community settings in which children without disabilities participate.*

##### **§ 303.18 Natural environments**

*As used in this part, natural environments means settings that are natural or normal for the child's age peers who have no disabilities.*

##### **§303.342 Procedures for IFSP development, review, and evaluation.**

*(b) Periodic review. (1) A review of the IFSP for a child and the child's family must be conducted every six months or more frequently if conditions warrant, or if the family requests such a review. The purpose of the periodic review is to determine—*

*(i) The degree to which progress toward achieving the outcomes is being made; and*

*(ii) Whether modification or revision of the outcomes or services is necessary.*

*(2) The review may be carried out by a meeting or by another means that is acceptable to the parents and other participants.*

*(c) Annual meeting to evaluate the IFSP. A meeting must be conducted on at least an annual basis to evaluate the IFSP for a child and the child's family, and, as appropriate, to revise its provisions. The results of any current evaluations conducted under Sec. 303.322 ©, and other information available from the ongoing assessment of the child and family, must be used in determining what services are needed and will be provided.*

##### **§303.344 Content of an IFSP**

##### **(b) Outcomes.**

*The IFSP must include a statement of the major outcomes expected to be achieved for the child and family, and the criteria, procedures, and timelines used to determine—*

*(1) The degree to which progress toward achieving the outcomes is being made; and*

*(2) Whether modifications or revisions of the outcomes or services are necessary*

##### **(d) Early intervention services**

*(1) The IFSP must include (ii) the natural environments ...in which early intervention services will be provided, and a justification of the extent, if any, to which the services will not be provided in a natural environment;*

*(d) (2) (ii) )Method means how a service is provided.*

## Justification of Early Intervention Outcomes That Cannot Be Achieved Satisfactorily In A Natural Environment

### The purpose of this page:

- To document and explain why the outcome cannot be achieved in a natural environment. Note that natural environments include settings such as parks, grocery stores, community pools, library reading times, and family events.

### The process for completing this page:

Only when the outcome cannot be met in natural environments does federal law, IDEA Part C, allow the team to choose a non-natural environment. This only occurs after the Outcome page is completed, a service is needed, and the IFSP team has reviewed the family's identified natural activity setting (Everyday Family Activities, Settings, and Interactions page) and determined that the outcome cannot be achieved in the child's natural environment.

In those rare instances when a service cannot be provided in a natural environment, the IFSP form requires a justification that includes the following steps be documented:

1. Explain how and why the IFSP team determined that the child's outcome could not be met if the support/service were provided in the child's natural environment with supplementary supports provided. If the child has not made satisfactory progress toward an outcome in a natural environment, the explanation must include a description of why alternative natural environments have not been selected or why it is inappropriate to modify the outcome. Explain how supports/services provided in this setting will be generalized to support the child's ability to function in his/her natural environment. Include activities, supports and persons responsible.
2. **DEVELOP A PLAN TO MOVE THE SERVICES TO THE NATURAL ENVIRONMENTS.** Specifically outline, including a timeline, how service providers and the family will move the services from the non-natural environment to the natural environment.
3. If using the same justification for more than one outcome, you may write one justification and indicate the outcomes with the same justification.
4. A justification should be used when using a provider for a health plan (such as AHCCCS) which is not in the natural environment.

#### **Related Legal Requirements: IDEA, Part C**

#### **Sec. §303.344 Content of IFSP**

#### **(b) Outcomes.**

**The IFSP must include a statement of the major outcomes expected to be achieved for the child and family, and the criteria, procedures, and timelines used to determine—**

**... (3) The degree to which progress toward achieving the outcome is being made; and**

**(4) Whether the modifications or revisions of the outcomes or services are necessary**

#### **(e) Early intervention services**

**(1) The IFSP must include (ii) the natural environments ...in which early intervention services will be provided, and a justification of the extent, if any, to which the services will not be provided in a natural environment;**

## TRANSITION PLAN AND TIMELINE PAGE

### **The purpose of this page:**

- To outline steps to help prepare the child and family as they move from early intervention to Part B/preschool special education and/or other community programs when the child turns three.
- To ensure the family has sufficient information to make informed choices as their child and family transition from early intervention.
- To define the roles and responsibilities of the Service Coordinator and providers on the IFSP Team as the child and family transition from early intervention.
- To ensure that the requirements of the Transition IGA are being satisfied.

### **The process for completing this page:**

- Document the completion of activities in the “Date Achieved” column.
- Discuss transition at the beginning of the child and family’s relationship with early intervention and throughout their participation in the program. Natural discussions about transition should happen during initial conversations with the family, the initial IFSP meeting, the six-month reviews, annual IFSP meetings, and other times as appropriate.
- Provide verbal and written information about programs in the community, including public school system.
- Obtain parental consent to release records to public schools or to other community programs, including the specific documents to be released and to whom. When records are released, use the Records Release Log in the child’s file to document when, what, and to whom information was released.
- Document that the team updated the Comprehensive Developmental Assessment. Be sure to include the most recent vision and hearing screening information and collaborate with the family and school to identify additional resources, if needed, for ensuring these areas are up to date.
- Document that the Service Coordinator completed and sent the Transition Conference Summary Parts 1 (Invitation to Participate in a Transition Planning Conference) and 2 (Conference Summary). Be sure to include a copy of these forms in the child’s file.
- The Service Coordinator and a service provider from the IFSP team are required to attend the Multidisciplinary Evaluation Team conference and the Individual Education Plan conference. The dates of attendance are to be documented on the IFSP.
- Document other steps that need to be taken to ensure a successful transition from early intervention, such as visiting potential programs with the family, providing support to the family, sharing resources for the family about transition as well as potential programs.



## TRANSITION PLAN AND TIMELINE PAGE, CONT.

***Related Legal Requirements: IDEA, Part C***

***Sec. §303.344(h) Content of an IFSP, Transition from part C services.***

- (1) The IFSP must include the steps to be taken to support the transition of the child, in accordance with Sec.303.148, to—***
  - (i) Preschool services under Part B of the Act, to the extent that those services are appropriate; or***
  - (ii) Other services that may be available, if appropriate.***
- (2) The steps required in paragraph (h)(1) of this section include—***
  - (i) Discussions with, and training of, parents regarding future placements and other matters related to the child's transition;***
  - (ii) Procedures to prepare the child for changes in service delivery, including steps to help the child to adjust to, and function in, a new setting; and***

***With parental consent, the transmission of information about the child to the local education agency, to ensure continuity of services, including evaluation and assessment information required in Sec. 303.322 and copies of IFSPs that have been developed and implemented in accordance with §§303.340 through 303.346.***

# SUPPORTS/SERVICES NEEDED TO MAKE PROGRESS TOWARDS OUTCOMES PAGE

## The purpose of this page:

- To determine the services necessary to meet the identified outcomes and to establish the parameters for service delivery.

## The process for completing this page:

- This page should be completed after the outcomes and strategies are identified.
- List the supports and services determined by the IFSP team.
- Link each support and service with at least one outcome. Indicate by number which outcome(s) will be addressed through each support or service. Service Coordination may be linked to all outcomes.
- Write the name or the agency or person providing the support or service.
- Record the times per week or month, and number of minutes per session (e.g. 2 x a month for 30 minutes each). Do not use descriptors such as “up to 5 x a month for one hour per session”, “as needed” or “to be determined.”
- Based on the strategies and activities on the Outcomes page, list the activity settings agreed upon by the team for each support and service.
- Specify funding sources for each support service in the column, “Who Will Pay?” Potential funding sources that must be considered include private insurance. AHCCCS; ALTCS; CMDP; ASDB; DDD; AzEIP.
- The IFSP team determines the month/date/year that each support and service is expected to begin and documents it in the “Planned Start Date” column. **ASAP is not a date.** Instead, the team should discuss when the service is expected to start, with the knowledge that the service may start earlier or later with the appropriate discussion and agreement from the family.
- Service Coordinator is responsible for recording the “Actual Start Date” for each support and service.
- The IFSP team determines the month/date/year that each support and service is expected to end and records it in the “Planned End Date” column. The end date cannot exceed 12 months from the date of the IFSP. If the child turns three within the next 12-month period, the end date may be no later than the day prior to the child’s third birthday.
- Service Coordinator is responsible for recording the “Actual End Date” for each support and service.
- To the extent appropriate, the IFSP must include other services that are (1) in place, and/or (2) needed, but which are not required or covered under Part C (e.g., WIC, Early Head Start, the need for health insurance, etc.). Listing the non-required service does not mean that those services must be provided. However, identifying these services can help the family and service providers to have a comprehensive picture of the child and family’s needs. Review the Family Resources, Priorities and Interests page and identify the resources that the family has said they as currently have or are interested in.
- The Service Coordinator is responsible for assisting the family to access services the family is interested in.
- ASDB is an AzEIP service providing agency and should be listed in the top portion of this page.

## SUPPORTS/SERVICES NEEDED TO MAKE PROGRESS TOWARDS OUTCOMES PAGE, Cont.

### *Related Legal Requirements: IDEA, Part C*

#### *34 CFR §303.344 Content of an IFSP, (d) Early intervention services.*

*(1) The IFSP must include a statement of the specific early intervention services necessary to meet the needs of the child and family to achieve the outcomes identified in paragraph (c) of this section, including—*

- (i) The frequency, intensity and the method of delivering the services;*
- (ii) The natural environments, as described in Sec. 303.12(b) and Sec. 303.18 in which early intervention services will be provided, and a justification of the extent, if any, to which services will not be provided in a natural environment;*
- (iii) The location of the services; and*
- (iii) The payment arrangements if any.*

*1. As used in paragraph (d)(1)(I) of this section—*

- (i) Frequency and intensity mean the number of days or sessions that a service will be provided, length of time the service is provided during each session, and whether the service is provided on an individual or group basis; and*
- (ii) Method means how a service is provided.*

*2. As used in paragraph (d)(1)(iii) of this section, location means the actual place or places where the service will be provided."*

#### *34 CFR §303.344 Content of an IFSP, (e) Other services.*

*(1) To the extent appropriate, the IFSP must include—*

*Medical and other services that the child needs, but that are not required under this part; and*

*The funding sources to be used in paying for those services or the steps that will be taken to secure those services through public or private sources.*

*(2) The requirement in paragraph (e)(1) of this section does not apply to routine medical services (e.g., immunizations and 'well-baby' care), unless a child needs those services and the services are not otherwise available or being provided.*

#### *34 CFR §303.344(f) Content of an IFSP, Dates; duration of services.*

*The IFSP must include—*

*(1) The projected dates for initiation of the services in paragraph (d)(1) of this section as soon as possible after the IFSP meetings described in Sec. 303.342; and*

*(2) The anticipated duration of those services.*

## IFSP TEAM PAGES

### The purpose of this page:

- To ensure that parents fully understand the contents of the IFSP so they can make an informed decision about consent.
- To document (1) the parent's informed written consent and prior written notice, if applicable, to the agreed-upon early intervention services in the IFSP, (2) who participants in the development of the IFSP, (3) receipt of the Family Survey, and (4) the dates of IFSP reviews and annual meetings.

### The process for completing this page:

- Prior to requesting the parent's signature on this page, summarize what the team is proposing and describe the family's procedural safeguards. Let the family know that if they do not agree with a particular early intervention service, or withdraw their consent to a service after it is first provided, the service may not be provided. However, all other services to which the family consents, must be provided.
- If a family consents to all services in the IFSPS, initial #1.
- If a family refuses a particular service, #2 must be initialed; the services they do consent to must be listed; and the Service Coordinator, after completing the Notice of Action form, must explain the content of the Notice and provide a copy to the family.
- Discuss with the family the purpose of the AzEIP Family Survey, and ask them to share their experiences about the program by using the survey. Provide the parent with the AzEIP Family Survey and a pre-stamped envelope at each annual IFSP and at or near the exit from the program. Offer assistance to families, if needed, to fill it out or return it. After the explanation and sharing of the Family Survey, ask the family to check that they received the survey.
- Obtain parent signature with the date signed (see *Procedural Safeguards* chapter of AzEIP Policies and Procedures Manual for definition of "parent" and surrogate parent policy). If it has been determined that a surrogate parent is needed, the surrogate parent should sign here.
- List all team members, present or not. Indicate whether they were present at the IFSP and/or provided a report and write the date.
- A review may be carried out by a meeting or another means acceptable to the family, such as phone discussions or conference calls. If a change occurs by a telephone call with the family, the Service Coordinator dates the change on the corresponding IFSP page, and dates the IFSP Team Page, e.g., "1/1/2001 via phone." During the next home visit, the Service Coordinator must have the family initial next to the review date on the IFSP Team page.
- Provide the opportunity for the family to consent for copies of the IFSP to be sent to specific individuals and list those individuals in the appropriate box. In addition, write the purpose for releasing the information and the date. The parent must sign and date again on this page, acknowledging that they understand they are consenting to this release of a copy of the IFSP.

## IFSP TEAM PAGES, Cont.

### **Related Legal Requirements: IDEA, Part C**

#### **34 CFR §303.342(e) Procedures for IFSP development, review, and evaluation, Parental consent**

*The contents of the IFSP must be fully explained to the parents and informed written consent from the parents must be obtained prior to the provision of early intervention services described in the plan. If the parents do not provide consent with respect to a particular early intervention service or withdraw consent after first providing it, that service may not be provided. The early intervention services to which parental consent is obtained must be provided.*

#### **34 CFR §303.343(a) Participants in IFSP meetings and periodic reviews, Initial and annual IFSP meetings**

*(1) Each initial meeting and each annual meeting to evaluate the IFSP must include the following participants:*

- (i) The parent or parents of the child.*
- (ii) Other family members, as requested by the parent, if feasible to do so;*
- (iii) An advocate or person outside of the family, if the parent requests that the person participate.*
- (iv) The Service Coordinator who has been working with the family since the initial referral of the child for evaluation, or who has been designated by the public agency to be responsible for implementation of the IFSP.*
- (v) A person or persons directly involved in conducting the evaluations and assessments in Sec. 303.322.*
- (vi) As appropriate, persons who will be providing services to the child or family.*

*(2) If a person listed in paragraph (a)(1)(v) of this section is unable to attend a meeting, arrangements must be made for the person's involvement through other means, including--*

- (i) Participating in a telephone conference call;*
- (ii) Having a knowledgeable authorized representative attend the meeting; or*
- (iii) Making pertinent records available at the meeting.*

#### **34 CFR §303.343(b) Participants in IFSP meetings and periodic reviews, (b) Periodic review**

*Each periodic review must provide for the participation of persons in paragraphs (a)(1)(i) through (a)(1)(iv) of this section. If conditions warrant, provisions must be made for the participation of other representatives identified in paragraph (a) of this section."*

#### **34 CFR §303.403 Prior notice; native language, (a) General**

*Written prior notice must be given to the parents of a child eligible under this part a reasonable time before a public agency or service provider proposes, or refuses, to initiate or change the identification, evaluation, or placement of the child, or the provision of appropriate early intervention services to the child and the child's family.*

#### **34 CFR §303.403 Prior notice; native language, (b) Content of notice**

*The notice must be in sufficient detail to inform the parents about -*

*. . . (3) All procedural safeguards that are available under §§ 303.401-303.460 of this part; and*

*(3) The State complaint procedures under §§ 303.510-303.512, including a description of how to file a complaint and the timelines under those procedures."*